

**CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
MEETING OF THE BOARD OF HEALTH
Thursday, October 8, 2009**

A meeting of the Philadelphia Board of Health was held on Thursday, October 8, 2009, in the Municipal Services Building, 1401 J.F.K. Boulevard, Room 1450.

Board Members Present: Marla J. Gold, MD; Shannon P. Marquez, MEng, PhD; Scott McNeal, DO; Donald F. Schwarz, MD, MPH; Susan Schewel, CRNP, PhD, Robert G. Sharrar, MD, MSc; Yolanda A. Slaughter, DDS, MPH

Attendees: Nan Feyler; Bernard Finkel; Sandra Greene; Sam Gulino, MD; Carmen Lemmo; Rina Lieberman; Giridhar Mallya, MD, MSHP; Izzat Melhem, Jeff Moran; Don Sapatkin; Elaine Strunk

Welcome and Introductions:

Board President Donald F. Schwarz, Health Commissioner, called the meeting to order at 5:35 PM. He welcomed the members of the Board and those attending the meetings, and asked for amendments or corrections to the minutes of the meeting of September 15, 2009. It was moved that the minutes be approved as written. The motion was seconded. **Motion passed.**

Announcements:

Commissioner Schwarz said that the City has adopted a final budget and that an agreement on a final State budget is expected soon.

Menu Labeling Update:

Department of Public Health Chief of Staff Nan Feyler introduced Bernard Finkel, Acting Director of the department's Office of Food Protection, to provide an overview of the ordinance enacted by City Council to require menu labeling in chain restaurants. The ordinance requires that information about calories, saturated fats, carbohydrates, and other nutrition information be posted in specific menu locations. It also sets forth exceptions, special provisions, and penalties for enforcement of the ordinance. A copy of the Ordinance was distributed along with a summary fact sheet. (Attachments A & B)

Commissioner Schwarz noted that the ordinance allows for variances in the method of presentation of the required information provided that the Board of Health approves the requested variation.

Ms. Feyler suggested that the Board may wish to delegate these decisions to the Health Commissioner and said that this issue might be considered at the next Board meeting. She reported that following a discussion with the restaurant community, a delay in enforcement is under consideration to enable operators to prepare additional unposted information that the ordinance requires be made available at the point of purchase.

Dr. Schwarz said that thus far Philadelphia's menu labeling ordinance is the most expansive in the nation. The department is working closely with the restaurant and

supermarket industry to develop acceptable enforcement standards, and exploring ways to best educate the public about the use of nutrition information.

Dr. Robert Sharrar asked how many Philadelphia establishments would be affected by the measure. Mr. Finkel said that the Office of Food Protection has identified more than 700 establishment, or approximately 6% of all establishments.

Dr. Sharrar asked why the Ordinance does not apply to all establishments. Dr. Schwarz indicated that the required analysis and presentation would place a large financial burden on smaller operators.

Dr. Susan Schewel inquired about the exact cost to operators. Mr. Finkel explained that laboratory analysis, conducted in accordance with FDA regulations, is approximately \$500 per item analyzed.

Dr. Schwarz explained that present efforts to educate the public about the use of nutrition information provided through the Ordinance rely primarily upon discussions with health care providers and existing nutrition programs. The health department is seeking funding for a public information campaign.

Human Papillomavirus:

Dr. Schwarz introduced Dr. Giridhar Mallya, Director of Policy and Planning, to present background information human papillomavirus (HPV).

In preface to his remarks, Dr. Mallya indicated that Dr. Caroline Johnson, the health department's Director of Disease Control, and other locally based national experts have expressed a willingness to talk to the board in the future about HPV and HPV immunization.

HPV, or the human papillomavirus is a group of related viruses. It is a very common virus responsible for nearly six million infections a year in the United States with half of those infections occurring in individuals 15 to 25 years-of-age. Nearly 90% of infections are cleared within two years time.

The most common HPV risk-types are types 16 and 18. These types present a high risk for cervical cancer. 12,000 cases of cervical cancer are diagnosed per year in the United States, and approximately 4,000 deaths per year are attributed to cervical cancer.

In Philadelphia, approximately 100 cases of cervical cancer are diagnosed per year. In 2006, cervical cancer caused 36 deaths in Philadelphia, a third in women 45-54 years of age.

Available screening data does not indicate that there are significant racial or ethnic disparities in cervical cancer mortality.

Currently, there are two approved HPV vaccines: the recently approved GlaxoSmithKline product Cerberex, and Gardasil produced by Merck. Cerberex protects against the two high-risk HPV types. Gardasil also protects against the two high-risk types and includes protection against two low-risk types, 6 and 11. These two low-risk types account for approximately 90% of cases of genital warts.

More use data is available concerning Gardasil, which is approved for use in women 9-26 years-of-age, and was tested in more than 20,000 women prior to receiving approval. It has demonstrated 98 to 100% efficacy after 3 to 5 years. Its long-term efficacy rate is yet to be determined. Possible adverse effects observed during the testing of Gardasil included soreness at the injection site, headaches, nausea, and fainting. In post-marketing studies, among 12,000 reported possible adverse events, 94% were reports of non-serious events of the type observed during testing.

A higher rate of pulmonary embolism was observed in women receiving the vaccine, resulting in a reminder to providers and patients that a patient should be observed and remain in a seated or reclining position for fifteen minutes after administration.

The Centers for Disease Control (CDC) continues to examine two reported cases of unusual neurological illness that may or may not be related to use of the vaccine.

In the United States, 37% of women 13 to 15 years-of-age have received the vaccine. In Philadelphia, 52% of woman 13-15 years-of-age, a figure that corresponds with other high local immunization rates.

Following approval for the use of Gardasil, 41 states and the District of Columbia proposed laws related the vaccine; however, only two jurisdictions, Virginia and Washington, DC, have enacted laws pertaining to HPV vaccination. Both laws require immunization of girls prior to entry into the sixth grade, and both laws provide conditions in which a parent may opt out of the requirement. The Washington, DC, law requires that parents provide documentation of receipt of the vaccine or an approved waiver. The Virginia law requires neither.

The State of Washington's Board of Health has developed nine criteria for determining the need for mandatory vaccination which Dr. Mallya distributed to Board members as they appeared in the journal of the American Academy of Pediatrics. (Attachment C) He summarized the criteria for the Board.

Dr. Schwarz said that no regulation concerning HPV immunization is currently before the Board for consideration. He described Dr. Mallya's presentation as preliminary to future discussions and opened the meeting for general discussion.

Dr. Gold disclosed that the university with which she is affiliated receives funding that has the potential to present a perceived conflict of interest in consideration of regulations pertaining to HPV vaccine. She said that while she will participate in the discussion she is uncertain about participating in a vote. She offered to provide the Board with data related to the vaccines efficacy, safety, and cost.

Dr. Sharrar disclosed that as an employee of Merck where he monitored vaccine safety including the safety of Gardasil, which presents a conflict of interest and stated that he would not participate in a vote.

The criteria established by the State of Washington's Board of Health were read aloud.

Dr. Marquez expressed concern about approving a regulation without adequate financial supports.

Dr. Schwarz suggested that this issue be addressed in discussion of the ninth criteria, burden of compliance.

Using the criteria as a template for future discussions, Dr Schwarz invited the Board to submit relevant articles and studies to Dr. Mallya to supplement materials that will be provided by the health department. He suggested that the Board 's first step should be to examine the existing scientific information pertaining to antigen response, safety, prevention of disease, and prevention of transmission. He proposed that expert speakers appearing before the Board at future meetings should be asked to provide, in advance, a written outline of their presentation so that the Board can prepare questions.

The Commissioner adjourned the meeting at 6:55 PM.